## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE March 16, 2000

Docket No. AUS000147US1

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):

Maximino Aguilar Sanjay Gupta **James Michael Stafford** 

For: METHOD AND APPARATUS FOR UPDATING BOOT CODE IN A DATA PROCESSING SYSTEM ON A LOCAL STORAGE DEVICE

## Enclosed are also:

Pages of Specification including an Abstract  $\underline{\mathbf{X}}$ 16

હ Pages of Claims

 $\frac{X}{X}$   $\frac{X}{X}$ Sheet(s) of Drawings

A Declaration and Power of Attorney

Form PTO 1595 and assignment of the invention to IBM Corporation

## **CLAIMS AS FILED**

FOR	Number Filed		Number Extra Rate		Rate		Basic Fee (\$690)
Total Claims	38	-20 =	18	X	\$ 18	=	\$324.00
Independent Claims	7	-3 =	4	X	\$ 78	=	\$312.00
Multiple Dependent Claims	0			X	\$260	=	<b>\$0</b>
				Total F	otal Filing Fee		\$1326.00

Please charge \$1326.00 to IBM Corporation, Deposit Account No. 09-0447.

The Commissioner is hereby authorized to charge payment of the following fees associated with the communication or credit any over payment to IBM Corporation, Deposit Account No. 09-0447. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37CFR § 1.16.  $\mathbf{X}$ 

X Any patent application processing fees under 37CFR § 1.17.

Respectfully

Casimer K. Salys Reg. No. 28,900

Intellectual Property Law Dept.

**IBM Corporation** 

11400 Burnet Road 4054

Austin, Texas 75758

Telephone: (512) 823-0092

EXPRESS MAIL

## SUSETTOPOHIS POST OFFICE TO ADDRESSEE

ED STATES POSTAL SERVICE TH	RVICETU				<b>.</b>			1
IGIN (POSTAL LISE ONLY)	INO ES				DELIVERY (POSTAL USE ONLY)	AL USE ONLY)		Įθ
IP Code	Oa	Day of Delivery	_	Flat Rate Envelope	Delivery Attempt Time		Employee Signature	qе
1	<u> </u>	, vox			Mo. Day	MA DPM		רי
la la				Postage	Delivery Attempt	Time	Employee Signature	6u
Noo'N		12 Noon	o PM	69	Mo. Day	AM PM		illi
th th	Σ	ilitary		Return Receipt Fee	Delivery Date	Time	Employee Signature	sN
						{		J

T	1111	1            E E	4 0 b 0	1 5 1
Mo. Day AM DM	Signature of Addressee or Agent	Name - Please Print X	DESIGNATURE (Domestic) Only) Additional metchandise insurance is void if walver of signature is requested.  rey) DESIGNATURE (Domestic) Only) Additional metchandise insurance is void if walver of signature and proper of signature constitutes valid proof of the properties of the proof of the	TO: (PLEASE PRINT)
	Insurance Fee	igo & Fees	WAVER Weshold Uselonfor Collygive (Your Collygive)	0.881
	COD Fee	Total Postago & Fees \$		38
Day 3rd Day	a Country Code	nco Clerk Initials		PHONE 512, 838-0881

Acceptance Clerk Initials

	TO: PLEASE PRINT) PHONE [	Dox token the county	Mass. Commession of	Woskington, D.C.	1 1000 1 1 1000 1
d Pacit, Mo.	A: PLEASE PRINT) PHONE [512, 838-088]	I Plan Dept 10, 2011	Hond James a 111	Austin, 1x 78758-3493	7

FOR PICKUP OR TRACKING CALL 1-800-222-1811

Label 11-B July 1997

